



Client No. <b>2036</b>		Client Name <b>O.H. Material</b>				Location <b>1002 O Street St.</b>		Date <b>5/29/84</b>			
Facility Equipment <b>1</b>	Detox Clock <b>1</b>	Weapon No. <b>1</b>	Holster <b>1</b>	Nightstick <b>1</b>	Raiscoat <b>1</b>	Flashlight <b>1</b>	Other <b>4 Keys &amp; Log Book</b>				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Kenneth Falif</b>			Officer—Swing Shift (Name) <b>Kenneth Falif</b>			Officer—Grave Shift (Name) <b>Dick Kokoszki</b>		
Shift Began <b>8 AM</b> PM Ended <b>4 PM</b>			Shift Began <b>4 AM</b> PM Ended <b>12 PM</b>			Shift Began <b>12 AM</b> PM Ended <b>8 AM</b> PM			Shift Began <b>12 AM</b> PM Ended <b>8 AM</b> PM		
Observations or actions taken			Yes			No			Explanation		
Rounds or stations missed						<input checked="" type="checkbox"/>					
Unlocked doors, gates or windows						<input checked="" type="checkbox"/>					
Unlocked vaults or safes						<input checked="" type="checkbox"/>					
Fire-smoke-or hazards						<input checked="" type="checkbox"/>					
1. Extinguishers missing or defective						<input checked="" type="checkbox"/>					
2. Sprinkler system defective						<input checked="" type="checkbox"/>					
3. Fire doors or exits blocked						<input checked="" type="checkbox"/>					
4. Rubbish accumulation						<input checked="" type="checkbox"/>					
5. Motors running						<input checked="" type="checkbox"/>					
6. Lights left burning						<input checked="" type="checkbox"/>					
Injury hazards						<input checked="" type="checkbox"/>					
Visitors <b>14 OHM People &amp; 4 EPA people on site.</b>									<b>they all left 1900 hrs</b>		
Trespassing						<input checked="" type="checkbox"/>					
Violation of company rules						<input checked="" type="checkbox"/>					
Remarks <b>12/12 Capt. Miller - Came to tell Falif that ofc. Dasking father in law is in a bad shape. Ofc. Falif may have to take 4/12M shift class. Capt Miller (1650 in) (1716 out.) they all left OHM &amp; EPA between 1900 &amp; 1917)</b>											
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>											
1. Were you injured during this tour?			Day Shift			Swing Shift			Grave Shift		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Did you suffer any illness?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Have you reported all accidents coming to your attention?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signatures			1 <b>Kenneth Falif</b>			1 <b>Kenneth Falif</b>			1 <b>Dick Kokoszki</b>		
Signatures			2			2			2		
Signatures			3			3			3		

439171

